

JE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SIMM		081-R201
C.I.P.E. CLASSIFIER		101	99
FORMALITY REVIEW	MUR	572	(10-17-01)
RESPONSE FORMALITY REVIEW	LI	1101	1/2/02

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	1/3/02
2	1/3/02
3	1/3/02
4	1/3/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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